CHAPTER 29

The Society for Obstetric Anesthesia and Perinatology (SOAP) and Its Relationship With ASA

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The Society for Obstetric Anesthesia and Perinatology (SOAP) is a group of roughly 1,000 members who share an interest in the care of the pregnant patient and newborn. Founded in 1968, SOAP provides a forum for discussion of problems unique to the peripartum period. To quote from the SOAP website: “The mission of the Society is to promote excellence in research and practice of obstetric anesthesiology and perinatology. Through the newsletter, Internet site, and annual meetings, this Society allows practitioners of several specialties to meet and discuss clinical practice, basic and clinical research, and practical professional concerns.”

SOAP is the official obstetric anesthesia subspecialty society of the American Society of Anesthesiologists (ASA), representing those members who include care of the pregnant woman in their practices. As a subspecialty society, SOAP chooses a delegate and alternate delegate who attend the ASA House of Delegates’ meetings at the annual meeting. SOAP members plan the obstetric anesthesia track at the ASA annual meeting. SOAP has a journal affiliation with ASA’s journal Anesthesiology. Furthermore, the ASA Monitor (formerly ASA NEWSLETTER) has a yearly article authored by the SOAP president that describes issues addressed and activities organized within SOAP, keeping the general ASA membership updated on topics and concerns in obstetric anesthesia practice. The ASA and SOAP have worked together to produce the Guidelines for Obstetric Anesthesia. SOAP also had significant input to the ASA document, Practice Guidelines for Perioperative Blood Management.

The ASA has a Committee on Obstetric Anesthesia that consists of members who are selected by the ASA President-elect in consultation with the Chair of the Committee and the SOAP President. The Chair of the ASA Committee sits on the SOAP Board of Directors and also serves as the liaison to the American College of Obstetricians and Gynecologists (ACOG). The committee members are virtually always active in SOAP and collaborate with the SOAP Board of Directors on the creation and review of multiple documents, on education, and on the maintenance of safe maternal and neonatal care. The ASA Committee has produced documents including Guidelines for Neuraxial Anesthesia in Obstetrics and a patient education brochure entitled Childbirth and Anesthesia. The ASA Committee Chair’s liaison with ACOG has led to collaboration on an ACOG Practice Bulletin entitled Obstetric Analgesia and Anesthesia (currently in press and last reaffirmed in 2013) and several additional documents such as Pain Relief During Labor and Nonobstetric Surgery During Pregnancy. Because the Chair is an active member on the SOAP Board of Directors, it ensures that documents are developed with the close collaboration of ASA, ACOG and SOAP. Thus the activities of ASA and SOAP are intertwined on many levels.

SOAP has a variety of activities centered on its annual meeting in the spring including research presentations, pro-con debates on controversial issues, panel presentations and discussions, case-based learning, and “What’s New” lectures that educate and invigorate members. Obstetric anesthesia practice includes labor analgesia, cesarean anesthesia, postoperative pain management and critical care management of obstetric patients. The scope of active research includes safety and outcomes measurements, genomics and physiology of labor pain. An affiliation with the Obstetric Anaesthetists Association (OAA) brings its president and many of our British colleagues to the SOAP meeting, as well as sending the SOAP president to the OAA meeting each year. Cooperation with the North American Society of Obstetric Medicine (NASOM), a group of internists specializing in medical care of pregnant women, has led to a “What’s New in Obstetric Medicine?” lecture at the annual SOAP meeting.

Obstetric anesthesia is a unique part of an anesthesiologist’s practice that differs from typical practice in the general operating room setting. We become an integral part of an intimate event, one of the most important in a woman’s life. We interact with the
woman’s spouse or partner, family members and friends for hours or days and even bring them into the operating room during cesarean delivery. We rarely use sedatives or general anesthesia, instead relying on various regional anesthetics and our interpersonal skills for their comfort. We often perform these regional anesthetics in the presence of a spouse or family member. Many or most of our patients on labor and delivery come with preconceived ideas of how they wish their birth to proceed, including an array of opinions (valid or not) about anesthesia. Although these may have come from the internet, friends or magazines rather than medical sources, we need to be aware of what our patients are reading and hearing and help dispel any misconceptions they may have about analgesic or anesthetic techniques. Women may have a desire to experience “natural” or unmedicated childbirth and may be using a variety of complementary and alternative therapies that can have important drug interactions. Despite their initial intentions, over 90 percent of women will ultimately require some kind of pain medication and roughly 70-80 percent of those will receive a neuraxial (spinal and/or epidural) anesthetic. About 30 percent of deliveries in the United States are now performed by cesarean, and all of those women will require our services. Our goal is to help every woman achieve the childbirth experience she desires.

References:

CHAPTER 30
The Role of the American Society of Regional Anesthesia and Pain Medicine

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Introduction
The American Society of Regional Anesthesia was founded by Gaston Labat and his colleagues in New York City in 1923. Subsequently, ASRA joined with another New York society to create the American Society of Anesthesiologists. The history of the creation of the ASA is well described as: “On October 6, 1905, a small group of nine physician-anesthetists whose particular interests centered on anesthetics met at Long Island College Hospital at the invitation of Dr. A. Frederick Erdmann for the purpose of “promoting the art and science of anesthesia.” From this small group came the Long Island Society of Anesthetists and it was this organization that gave rise to organized anesthesia in the United States and its present body, the American Society of Anesthesiologists (ASA) (www.asahq.org).

Reformed in 1975, ASRA has been working closely with the American Society of Anesthesiologists in all issues related to regional anesthesia and pain medicine. Today, there are more than 4,000 members in ASRA with members from 60 countries. The mission of the organization is to address the clinical and professional educational needs of physicians and scientists practicing regional anesthesia and pain medicine; to assure excellence in patient care utilizing regional anesthesia and pain medicine; and to investigate the scientific basis of the specialty.

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